



VOLUNTEER REGISTRATION FORM

2019-2020

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Is Texting ok? Yes No

Email _____ Facebook? Yes No

Preferred Communication Method _____

Names of children or a spouse active in St. Mark's? _____

Are you over 18? ____ Have you been baptized? Yes No

What year did you begin attending St. Mark's? _____ Are you a member? Yes No

PREFERENCES

In which Children's Faith Formation group are you interested in serving during 2019-2020?

Please indicate which sessions you are available for: (confirmation will be sent prior to each session)

Group

- Preschool (3-4)
- Pre-K (4-5)
- Kindergarten & 1st Grade ages 5-7
- 2nd & 3rd Grade ages 7-9
- 4th Grade ages 9-10
- Not Sure

Sessions

- A: Sept. 15 – Oct. 20 (6 wks)
- B: Oct. 27 – Dec. 22 (9 wks)
(No CFF Dec. 1, Dec. 29, & Jan. 5)
(Christmas Program Dec. 15)

2020:

- D: Jan. 12 – Feb. 23 (7 wks)
- E: Mar. 1 – Apr. 5 (6 wks)
(No CFF Apr. 12)
- F: Apr. 19 – June 14 (9 wks)

TRAINING

Saturday, September 14, from 9 – 11 a.m. in Children's Faith Center Can attend Cannot attend

LEGAL

In caring for children, we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe and nurturing relationships. Please complete the attached Washington State Patrol background check form, required each year from our volunteers.

Are there any special issues or concerns happening in your life right now that would have an impact in your commitment and involvement in St. Mark's Children's Faith Formation? (i.e. relationships, other commitments, etc.)

REFERENCES (If first time as Children's Faith Formation volunteer at St. Mark's)

1. Name _____ Years Known _____
Relationship _____ Email/Phone _____

2. Name _____ Years Known _____
Relationship _____ Email/Phone _____

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to St. Mark's Lutheran Church by The Narrows or its representatives to release any and all records and information relating to working with minors. The Church may contact my references and appropriate agencies as deemed necessary in order to verify my suitability as a children's volunteer.

I understand that the personal information will be held in confidence.

Signature _____ Date _____